



Home of the THUNDER
WESTLAKE
 HIGH SCHOOL

Date Received:

___ / ___ / ___

2020-2021 NEW STUDENT REGISTRATION

THE FOLLOWING IS REQUIRED TO ENROLL YOUR STUDENT:

- Student must be officially withdrawn from previous school. Bring transcript/grades if possible.
- Complete New Student Registration Packet signed by Custodial parent/Guardian
 - Alpine School District New Student Registration Form (2 pages)
 - Guardianship Status Form
 - This form must show proof of guardianship. A copy of the Divorce Decree is required to establish physical and custodial rights. If the student is not living with the custodial guardian, you must complete a Power of Attorney form or meet with Student Services at the Alpine School District Offices.
 - Request for Student Records complete with previous school fax number
 - Computer & Internet Use Permission Slip
 - Grants permission for your student to use district and school computers/devices.
 - Student Health Form
 - Student Directory Information & Media Release Form
 - Grants/denies permission to promote student accomplishments in publications, etc.
 - Westlake New Student Area of Interest Questionnaire
- Birth Certificate—Original birth certificate to be copied is required. We can no longer accept the wallet size birth certificates.
- Immunization Record—Student must be current on all immunizations before they will be allowed to register or select any classes. A copy of immunization verification from your doctor's office, then transferred on to pink card is required. If immunizations are needed, please contact the Public Health Department. 801-851-7331

MUST HAVE →	<ul style="list-style-type: none"> ✓ 5-Dtap/DTP/DT/Td ✓ 1-Tdap (TD Booster) ✓ 2-Hepatitis A ✓ 2-MMR ✓ 2 Varicella (Chickenpox) or history of the disease 	<ul style="list-style-type: none"> ✓ 3-Hepatitis B ✓ 1 Meningococcal ✓ 4 Polio <p><small>**Negative TB test results for students entering the U.S. for the first time or have lived abroad for 6 months in the last 5 years**</small></p>
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- Proof of Residency—Only one of the following will be accepted: Utility bill (gas, electric or water), a rental agreement or purchase agreement. A completed and notarized *Living with Declaration of Residency* form is required if you are living with a family member.
- Special Education—If your student has been serviced in Special Education classes, you will need to contact the previous school to obtain a current copy of the IEP or 504 plan.

For questions/concerns, or to contact the school or district office please call:

Westlake High School
 Attn: Ximena Johnson—Registrar
xjohnson@alpinedistrict.org
 99 North Thunder Boulevard
 Saratoga Springs, UT 84045
 Counseling Office: 801-610-8816/Fax: 801-768-1098

Alpine School District
 575 North 100 East
 American Fork, UT 84003
 Main Office: 801-610-8400
 Student Services: 801-610-8485
 Transportation Office: 801-610-8852



575 N 100 E, American Fork, UT 84003
Phone: 801-610-8400

NEW STUDENT REGISTRATION FORM

Student Name _____
(Last) (First) (Middle) (Known As)

Date of Birth _____ Birthplace (City/State or Country) _____

Male Female Grade _____ Has your child ever attended school in Alpine School District? Yes No

School Last Attended _____ Address _____

Student transferring from: Circle One WITHIN DISTRICT OUT OF DISTRICT OUT OF STATE OUT OF COUNTRY*

Enrollment date in first USA school _____ *If out of country, which country? _____

Father's Email _____ Mother's Email _____

Student's Home Address _____
(City) (State) (Zip)

Name of Parent or Legal Guardian _____

STUDENT LIVES WITH (Write Names)	DOB	Foster	Step	Circle Primary Phone #		
				HOME PHONE	CELL PHONE	WORK PHONE
Father						
Mother						
Guardian						
Other						
Student's school-aged siblings:						
Schools siblings are/will be attending:						

Circle One

1. Yes No Has your child lived in the US for the last 3 years?
2. Yes No Do you have legal custody of the child you are registering?
3. Yes No Is the child you are registering a foster child/ward of the court?
4. Yes No Does this child have an **Individualized Education Plan** or is he/she receiving Special Education Services?
5. Yes No Are you living with friends or relatives?
6. Yes No Has your child ever been suspended/expelled from school?
7. Yes No Is this child receiving English language support?
8. Yes No Is English the primary language spoken in the home? If no, what language is spoken? _____
9. What is the native language of this student? _____

I attest by this signature I am the custodial parent or legal guardian of the student above. I acknowledge that falsifying this record makes me subject to law.

Parent/Guardian Signature _____ Date _____

PLEASE TURN OVER AND FILL OUT BACK OF THIS FORM

OFFICE USE ONLY

Teacher _____ Track _____ Student # _____ Date Enrolled _____ Start Date _____
 Skyward - NCLB Schedule Home Room Advisor Class List ESL Y or N
 Immunizations - Complete In Process Birth Certificate Proof of Residency Legal Docs

Federal Legislation is now requiring more detailed reporting for student ethnicity and race. As a result, Alpine School District asks that you help us comply with this legislation by answering the following questions.

ETHNICITY: Is this student Hispanic/Latino?

Yes Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

No Not Hispanic/Latino

RACE: What is this student's race? (Choose one or more)

American Indian or Alaska Native (a person having origins in any of the original peoples of North, South or Central America and who maintains tribal affiliation or community attachment)

If checked, please indicate which Tribe or Band _____

Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including; Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand and Vietnam)

Black or African American (a person having origins in any of the black racial groups of Africa)

Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

White (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

I understand that the district is required to report the above information for all students, but I refuse to declare a race for my student. I understand that district personnel will do their best to determine my child's race and report that determination.



FORMULARIO DE INSCRIPCION NUEVOS ESTUDIANTES

Nombre del estudiante _____
(apellido) (Nombre) (Segundo Nombre) (Mejor conocido como)

Fecha de Nacimiento _____ Lugar de Nacimiento (Ciudad/Estado, País) _____

Hombre Mujer Grado _____ Ha asistido su estudiante a alguna escuela del distrito Alpine? Si No

¿Donde estaba ubicada la última escuela de su estudiante? _____ Dirección _____

El estudiante es transferido de una escuela : marque con círculo Dentro del distrito Fuera del Distrito Fuera del estado Fuera del País*

Fecha de inscripción en la primera escuela en Estados Unidos _____ * Si es fuera del país, ¿qué país? _____

Correo electrónico del padre _____ Correo electrónico de la madre _____

Dirección del estudiante _____
(Ciudad) (Estado) (Zona Postal)

Nombre del padre o guardian legal _____

El estudiante vive con: <i>(favor de escribir los nombres)</i>	Fecha de nacimiento	Padres de crianza	Padrastro/ Madrastra	<i>Marque con un círculo el # de teléfono principal</i>		
				# de la casa	Teléfono celular	# del trabajo
Padre						
Madre						
Guardian legal						
Otro						
Nombre de los hermanos del estudiante de edad escolar:						
Escuelas donde están asistiendo o asistirán los hermanos:						

Marque con un círculo

- Si No ¿Ha vivido su estudiante en los Estados Unidos por los últimos tres años?
- Si No ¿Tiene usted custodia legal del estudiante que está inscribiendo?
- Si No ¿Es el estudiante que está inscribiendo hijo/a de crianza/bajo tutela de la corte?
- Si No ¿Tiene su estudiante un plan de Educación Individualizado (IEP) o está recibiendo servicios de educación especial?
- Si No ¿Están viviendo con amigos o parientes?
- Si No ¿Ha estado su estudiante suspendido o ha sido expulsado de la escuela alguna vez?
- Si No ¿Está recibiendo su estudiante servicios de ayuda con el idioma inglés en la escuela?
- Si No ¿Es el inglés el idioma principal que se habla en el hogar? Si no, ¿que idioma se habla? _____
- ¿Cual es el idioma natal de su estudiante? _____

Con esta firma yo doy fe que soy el padre con custodia o guardián legal del estudiante que arriba se menciona. Entiendo que falsificar este documento me hace sujeto a la ley.

Firma del padre o guardián legal _____ Fecha _____

Favor de llenar el reverso de esta hoja

OFFICE USE ONLY

Teacher _____ Track _____ Student # _____ Date Enrolled _____ Start Date _____
 Skyward - NCLB Schedule Home Room Advisor Class List ESL Y or N
 Immunizations - Complete In Process Birth Certificate Proof of Residency Legal Docs

Etnicidad: ¿Es este estudiante Hispano/Latino?

Si Hispano/Latino (una persona de Cuba, México, Puerto Rico, Sudamérica o América Central u otras culturas españolas u origen, independientemente de la raza.)

No Not Hispano/Latino

RAZA ¿Cuál es la raza del estudiante? (Escoja una o más)

Indio americano o Nativo de Alaska (una persona de orígenes con la gente original de Norte, Sur o América Central y que mantiene afiliación con la tribu o lazos con esta comunidad)

Si marcó esta opción, indique que tribu _____

Asiático (una persona de orígenes con la gente original del Lejano oriente, Sudeste de Asia, o el subcontinente de India incluyendo; Cambodia, China, India, Japón, Korea, Malaysia, Pakistan, Las islas Filipinas, Tailandia y Vietnam)

Negro o Afroamericano (Una persona con orígenes de cualquier raza negra de Africa)

Nativo de Hawaii u otras Islas del Pacífico (una persona de orígenes con la gente original de Hawaii, Guam, Samoa, u otras islas del pacífico)

Blanco (una persona de orígenes con la gente original de Europa, del Medio Oriente, o el Norte de Africa)

Yo entiendo que al distrito le requieren esta información de todos los estudiantes, pero yo me niego a declarar la raza de mi estudiante. Entiendo que el personal del distrito hará lo mejor que puedan para determinar la raza de mi estudiante y reportarán esa determinación.

**ALPINE SCHOOL DISTRICT
GUARDIANSHIP STATUS FORM**

Under Utah Law 53A-2-202, a child is eligible to attend school if their parent or legal guardian resides within the school's boundaries. If the school is a closed school, exceptions may only be granted by applying through the "Out of Area Committee" at the Student Services Department in the District Office.

Select the statement below which best describes your relationship to the student whom you wish to register in Alpine School District. A separate form must be completed for each child you are registering.

Student's Legal Name: _____

1. _____ The above named child lives with both parents (legally married) and I am the parent (birth or adopted) of this child.

2. _____ I am the parent (birth or adopted) of this child and am not currently married to other parent, but I have been awarded Physical Legal Custody by a court.*

3. _____ I am the birth parent of this child but was never married to the mother/father.

4. _____ I am not the parent (birth or adopted) of this child. I am a relative or friend.
(Please choose one of the following.)
 - a. _____ I have been awarded legal guardianship of this child through the court.**
 - b. _____ I have not been awarded legal guardianship of this child through the court.

5. _____ I am a foster parent or proctor parent.

6. _____ None of the above statements describe my relationship to this child.
(Please describe your relationship to this child.)

Your Name: _____
(please print)

Your Signature: _____ Date _____

(By signing this document, I attest that the above information is true and correct.
I acknowledge that any falsification of information makes me subject to penalty of law.)

***To assist us in complying with court orders, you must provide us with a copy of the most recent legal court documents before the student can enroll.**

****Verification of court order or DCFS placement must be provided prior to child being enrolled.**

ALPINE SCHOOL DISTRICT – GUARDIANSHIP STATUS
DISTRITO ESCOLAR DE ALPINE – TUTELA LEGAL

De acuerdo con la ley del estado de Utah, Sección 53A-2-202, un niño tiene derecho de asistir a la escuela si sus padres / tutor legal viven dentro de los límites de la escuela.

Favor de leer las instrucciones con cuidado para escoger la declaración que describe su parentesco con el estudiante matriculándose. Un formulario individual se requiere para cada niño.

Nombre del estudiante: _____(nombre en el certificado de nacimiento)

1. _____ El niño vive con ambos padres, casados, y soy la madre/el padre de nacimiento (biológico/adoptivo).
2. _____ Soy la madre/el padre de nacimiento (biológico/adoptivo) de este niño pero no estoy casada(o) en la actualidad con la madre/el padre. Tengo los derechos de custodia física por orden judicial.*
3. _____ Soy la madre/el padre de nacimiento pero nunca fuimos casados.
4. _____ No soy madre/padre de nacimiento, soy familiar/amigo. (Favor de escoger la declaración que le pertenece).
 - a. _____ Tengo tutela legal por orden judicial. **
 - b. _____ No tengo tutela legal por orden judicial.
5. _____ Soy la madre/el padre de acogida/padre supervisando.
6. _____ Nada de lo dicho corresponde al parentesco con este estudiante. Favor de describir:

Su nombre: _____
(favor de imprimir)

Su firma: _____ Fecha: _____

(En firmando este documento, declara usted que la información es cierta y correcta. Falsificando la información le sujeta a penalización legal.)

* Para cumplir con la orden judicial, favor de proveer una copia de la Sentencia de Divorcio/ los papeles legales más reciente antes que su estudiante se pueda matricular.

** Confirmación de la orden judicial o confirmación de la colocación por el Departamento de Servicios para Niños y Familias se tiene que proveer antes de matricular.



WESTLAKE HIGH SCHOOL

REQUEST FOR STUDENT RECORDS

Previous School Attended: _____

Previous School Address: _____

Phone: _____ Fax Number: _____

This certifies that the student(s) named below have enrolled at Westlake High School. Please send the cumulative academic records through the date of withdrawal. Including:

- Official Signed Transcript
- Medical and Immunization Records
 - Standard Test Scores
- Withdrawal Date and Grades
- Special Education Records – IEP

Please do NOT send entire student CUM folder

Student Name: _____ DOB: _____ Grade: _____

Student Name: _____ DOB: _____ Grade: _____

Please fax or mail official transcripts to:

Westlake High School / Counseling Office
Attn: Ximena Johnson, Registrar
99 North 200 West
Saratoga Springs, Utah 84045
Fax: 801-768-1098
Office: 801-610-8816
xjohnson@alpinedistrict.org

Date 1st Request Sent: _____ Date 2nd Request Sent: _____ Date 3rd Request Sent: _____

Federal Law 99.31 – No parent signature required for educational records sent to another educational agency.

Alpine School District

Student Computer & Internet Use Permission Slip

Student Name:

Student Id #:

Recognizing the fundamental role technology plays in the 21st Century, Alpine School District supports and encourages the appropriate and responsible use of technology in student learning. Alpine School District will take reasonable measures to protect students and ensure that technology use aligns with educational objectives.

Acceptable Use Policy

The current policy, including rules and regulation, is found in the [Internet/Wide Area Network Acceptable Use Policy](#) or may be obtained at any district school. It is the responsibility of the student and parent/guardian to understand the current policy.

Parental Permissions

By accepting this agreement below:

- I grant permission for my child to use district and school computers and devices and the Alpine School District wide area network/Internet in ALL the following ways:
 - Internet services
 - Online educational applications
 - Student productivity tools including email, cloud storage, and productivity applications
 - Other software and services
- I recognize that the purpose of a student email is for communication for educational purposes, and for use in account creation for educational applications. Accordingly, I grant consent to my student's teachers in Alpine School District to disclose the following subset of Directory Information to software application providers, under the terms of the provider's privacy agreement:
 - Student first name
 - Student last name
 - Student district generated email

Applications used by the teachers which contain the above student information will be communicated to parents through teacher disclosure statements or other methods.

I accept these conditions. I have read and accept the conditions above for computer use, application use, and student data disclosure.

I decline these conditions. I understand that my student will not be able to use district computer or devices, applications, and district internet services.

Parent/Guardian Signature

Date:

**ALPINE SCHOOL DISTRICT
STUDENT HEALTH INFORMATION**

Student's Name _____ Birth Date _____ Sex _____

Address _____ City _____ Grade _____

Home Phone _____ Cell Phone _____ Other Phone _____

Parent/Guardian: _____

Parent/Guardian Email: _____

Student Lives With: _____ Both Parent _____ Mother _____ Father _____ Other _____

MEDICAL HISTORY

Family Doctor _____ Phone _____

Current Medical Diagnosis (if any) _____

YES	NO	HAS YOUR CHILD EVER HAD (if yes, please describe)
_____	_____	Any serious allergies? (Please specify to what and how serious) _____
_____	_____	Asthma or breathing problems? How serious? _____
_____	_____	Orthopedic or bone problems? _____
_____	_____	Heart disease or murmur? _____
_____	_____	Kidney Disease? _____
_____	_____	Seizures? (Type and frequency) _____
_____	_____	Diabetes? (Insulin dependent or on an insulin pump?) _____
_____	_____	Serious or chronic disease? (i.e. Leukemia, transplant) _____
_____	_____	Has your child had the Chickenpox disease? _____
_____	_____	Serious accident/injury? _____
_____	_____	Vision exam? Date _____ By Whom _____ Results _____
_____	_____	Other health concerns? _____

MEDICATION

Is student on special medication that may need to be administered during school? Yes _____ No _____

If yes, what type(s) and reason: _____

****If yes, a student medication authorization form must be completed by parent and physician and returned to the school before any medication can be given. This includes all OTC (over the counter) and prescription medications (including inhalers, epinephrine injectors, and insulin). You can obtain the form from the office.**

IT IS A VIOLATION OF THE DISTRICT'S DRUG-FREE POLICY FOR K-12 STUDENTS TO CARRY ANY MEDICATION—with the exception of inhalers, epinephrine injectors and insulin—with proper signed prescriber and parent authorization.

Signature of Parent/Guardian _____

Date _____

Please Note: The information requested is considered to be essential for planning a program each year which will meet the needs of your child. This information will be kept confidential and only persons working directly with your student (i.e. teachers, administrators, nurse) will have access to this information.

DISTRITO ESCOLAR DE ALPINE
INFORMACIÓN DE LOS ESTUDIANTES DE SALUD

Nombre del estudiante _____ Lugar de nacimiento _____ Sexo _____

Dirrección _____ Ciudad _____ Grado _____

Número de teléfono _____ Teléfono de celular _____

Padres/Guardian: _____

Correo Electrónico de padres/guardians: _____

El estudiante vive con: _____ Ambos Padres _____ Madre _____ Padre _____ Otro _____

HISTORIA CLÍNICA

Médico de Familia _____ Teléfono _____

Diagnóstico medico actual (en su caso) _____

SÍ	NO	¿HA TENIDO SU HIJO? (en caso si, describa)
_____	_____	¿Cualquier alergia? (Por favor, diga qué y cómo graves) _____
_____	_____	¿Asma o problemas respiratorios? _____
_____	_____	¿Problemas ortopédicos o de hueso? _____
_____	_____	¿Las enfermedades del corazón o un soplo? _____
_____	_____	¿Enfermedad renal? _____
_____	_____	¿Convulsiones? (tipo y frecuencia) _____
_____	_____	¿Diabetes? (dependiente de la insulina o una bombe de insulina) _____
_____	_____	¿Enfermedades crónicas graves? (como leucemia, trasplante) _____
_____	_____	¿Su niño ha tenido la varicela? _____
_____	_____	¿Accidente o lesión grave? _____
_____	_____	¿Examen de las vista? Fecha _____ Por los cuales _____ Los resultados _____
_____	_____	¿Otros problemas de salud? _____

MEDICATIÔN

¿Está el estudiante en las medicación especial que puede ser necesario dare n las escuela? Sî _____ No _____

¿En caso afirmativo, qué tipo y la razón? _____

****En caso afirmativo, un medicamento esudiante formulario de autorización deberá ser completado por el padre y el médico y regresó a la escuela antes de que cualquier medicamento se puede administrar. Esto incluye todos los medicamentos de venta libre libre y recetados (incluyendo los inhaladores, Epipens, y la insulin). Puede obtener el formulario en la oficina.**

Es una violación de la droga del distrito de politica gratuito para los estudiantes para llevar a cualaquier medicamento. La única exception a esto es inhaladores, Epipens, y las insulin con el médico adecuado y la autorización firmada de los padres.

Firma de Padres o Guardián _____

Fecha _____

Atención: La información solicitada se considera esencial para la planificación de un programa cada año, que satisfaga las necesidades de su hijo. Esta información se mantendrá confidencial y solo las personas que trabajan directamente con su hijo (i.e. teachers, administradores, enfermeras) tendrán acceso a esta información.

UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-9-306 of the Utah Statutory Code and shall transfer with that school record upon request of the student's legally responsible individual. See back for instructions on how to fill out this form.

Student Information

Student Name _____ **Gender** Male Female **Date of Birth** _____

Name of Parent/Guardian _____

USIIS ID _____ **PIN** _____ **Student ID Number** _____

Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose was given.					Status	Due Date	Exemption
	1 st	2 nd	3 rd	4 th	5 th			
DTaP, DTP, DT, Td, Tdap <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>								
Tdap								
Polio (IPV or OPV)								
Haemophilus influenzae type b (Hib)								
Pneumococcal								
Measles, Mumps, and Rubella (MMR) <small>1st dose must be received on or after the 1st birthday</small>								
Hepatitis B (HBV)								
Varicella (Chickenpox) <small>1st dose must be received on or after the 1st birthday.</small>								
Hepatitis A (HAV) <small>1st dose must be received on or after the 1st birthday.</small>								
Meningococcal Conjugate (ACWY)								

Immunization record received for this student is from: A statewide registry
 Student's former school
 Legally responsible individual of the student

Utah Department of Health
 Division of Disease Control & Prevention
 Immunization Program
immunize.utah.gov
 (801)-538-9450

Authorized Signature: _____ **Date:** _____

Above signature is the signature of the school or health personnel who verified the Utah School Immunization Record (USIR) against the source record(s).

Instructions on how to complete the Utah School Immunization Record

All schools and early childhood programs must have a Utah School Immunization Record (USIR) for each enrolled student. The USIR must be completed by hand or printed from the Utah Statewide Immunization Information System (USIIS). For detailed information on the required immunizations and minimum intervals between vaccines doses, refer to the Utah Immunization Guidebook at immunize.utah.gov.

Instructions for Participating USIIS Users

The following fields will be automatically filled in on the USIR when printed by a participating USIIS User:

- **Student Information:** Student Name, Gender, Date of Birth, Name of Parent/Guardian (if entered on the Demographics page), USIIS ID, and PIN (a number that is given to an individual or a dependent's legal guardian, to obtain access to their immunization records in USIIS). The Student ID will only print when printed from a school that is enrolled in USIIS and has the students linked to that specific school.
- **Vaccine Information:** Dates of vaccines given (1st, 2nd, 3rd, 4th, 5th), Status, and Due Date.

Completing the Form: Verify information is correct, print form, and fill in any of the necessary missing information below by hand.

- **Immunization Record Received For This Student:** Mark "A statewide registry". If you used any other records for verification or missing information also mark "Student's former school" and/or "Legally responsible individual of the student".
- **Proof of Immunity (history of disease):** Mark the status column if the student is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed healthcare provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).

Instructions for Non-Participating USIIS Users

- **Student Information:** Fill in the Student Name, Gender, Date of Birth, and Name of Parent/Guardian.
*NOTE - The USIIS ID, PIN, and Student ID are not required fields to be completed by facilities that are not enrolled in USIIS.
- **Vaccine Information:** Fill in the dates (month, day, and year in the appropriate column i.e., 1st, 2nd, 3rd, 4th, 5th) for each of the required vaccines the student has received. Ensure these dates have been verified by a licensed healthcare professional, registered nurse, authorized representative of a local health department, and/or pharmacist that is on the immunization record(s) you received for that student.
*NOTE – Status is only required to be completed if the student has a past history of disease such as chickenpox. Due Date is not a required field to be completed by facilities that are not enrolled in USIIS.
- **Immunization Record Received For This Student:** Mark the source of the record(s) used to complete this document.
- **Proof of Immunity (history of disease):** Mark the status column if the student is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed health care provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).

For further information, visit the Utah Immunization website at immunize.utah.gov or 801-538-9450.

ALPINE SCHOOL DISTRICT
STUDENT DIRECTORY INFORMATION AND MEDIA RELEASE

Student Name: _____ Student ID: _____

Alpine School District strongly believes in protecting student data and student data privacy. Additionally, it recognizes students in various venues and desires to appropriately promote the positive accomplishments of students. This document discloses the fashions in which data may be shared. This gives you a way to control how your student's data are made available in local publications and the general media.

District or School Level Applications and Services

To protect student privacy Alpine School District enters into a legally binding privacy agreement with providers receiving student information for the purposes of delivering educational or operational services. In order to operate and provide services, essential systems receive student data regardless of the permissions below. A list of these essential district applications can be viewed [here](#).

Directory Information Release

Under the Family Educational Rights and Privacy Act (FERPA), Alpine School District defines Directory Information that can be disclosed or published without parental consent for each instance of sharing. Directory Information facilitates school publications and operational activities such as yearbooks, graduation or other programs, honor roll lists, class photos, etc. Parents can opt out of allowing the school or district to share Directory Information. Alpine School District defines Directory Information to include the following:

- Student First Name
- Student Last Name
- District Student Email
- Student Grade Level
- Past and Present School(s) Attended
- Student Degree, Honors, Awards, Activities, Sports
- Student Photo

Declining the Directory Information provision restricts Alpine School District from disclosing any or all of the types of information designated above as Directory Information from your child's education records.

- I Agree (I understand that the above information may be provided to outside entities for the purpose described above.)
- I Decline (I understand my student's information will not be included in publications such as graduation programs, extracurricular programs, honor rolls, or with providers such as photographers, ring manufacturers, etc.) This opt out needs to be done within five days of the beginning of the school year or at the date of enrollment. Checking this box after that timeframe does not guarantee the restriction of Directory Information during that school year.

School and District Web/Social Media Release

External media (newspaper, TV, radio, etc.) sometimes request student information. Schools also use social media and the internet to publish student accomplishments and highlights student achievement. As such, Alpine School District requires parental/guardian permission in order for this information to be released or shared. Media release information includes the Directory Information and the following additional information:

- Student work or projects
 - Student comments
 - Video of students
- I Agree (The school or district may publish- in electronic format- my child's projects, photo/video, comments and name. I understand that this information will be available on the Internet.)
- I Decline (The school or district may not publish my child's projects, photo/video, comments or name to the media or the internet.)

This form will be kept in Skyward and may be viewed in the student's profile. Please note that this does not replace the district's Acceptable Use Policy or imply permission to use the internet.

Parent/Guardian Signature

Date



Westlake High School
NEW STUDENT AREA OF INTEREST

Westlake would like to get to know you and your areas of interest

PLEASE TAKE A MINUTE TO FILL OUT THE SURVEY

Name _____

Grade: 10th 11th 12th

What city do you live in? _____

Do you ride the bus? Yes No

What school are you coming from? _____

What clubs/extracurricular activities have you been involved in the past?

What areas would you be interested in? Check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Dance | <input type="checkbox"/> Mathematics |
| <input type="checkbox"/> Art | <input type="checkbox"/> Drama | <input type="checkbox"/> Music |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Debate/Political Science | <input type="checkbox"/> Outdoors |
| <input type="checkbox"/> Agriculture (FFA) | <input type="checkbox"/> FCCLA (consumer sciences) | <input type="checkbox"/> Service |
| <input type="checkbox"/> Ballroom | <input type="checkbox"/> Gaming/Computers | <input type="checkbox"/> Science |
| <input type="checkbox"/> Business/DECA | <input type="checkbox"/> Hunting/Fishing/Archery | <input type="checkbox"/> Video Productions |
| <input type="checkbox"/> Carpentry/Welding | <input type="checkbox"/> HOSA (health sciences) | <input type="checkbox"/> World Languages |
| <input type="checkbox"/> Culinary | <input type="checkbox"/> Leadership | <input type="checkbox"/> Yearbook/Journalism |
| <input type="checkbox"/> Choir | | <input type="checkbox"/> Other: |

Tell us something unique about you?

Is there anything you would like the counselors at Westlake to be aware of?

What are your career goals?
